



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kusunoki	Susan	A.	808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

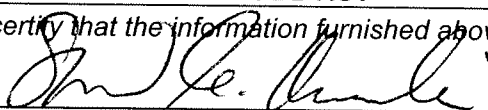
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Maritime Center		808-8523-6151
MAILING ADDRESS (Street)		FAX
Pier 7, 191 Ala Moana Boulevard		808-536-1519
(City)	(State)	(Zip Code)
Honolulu,	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jennifer M.L. Chock Wooton		808-847-8269
MAILING ADDRESS (Street)		FAX
1525 Bernice Street		808-841-8968
(City)	(State)	(Zip Code)
Honolulu,	HI	96817-2704

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/16/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Jennifer ML Chock Wooton

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vice President of Governmental Affairs

NAME OF ORGANIZATION (if applicable)

Bishop Museum

TELEPHONE

808-847-8269

MAILING ADDRESS (Street)

1525 Bernice Street

FAX

808-841-8968

(City)

Honolulu,

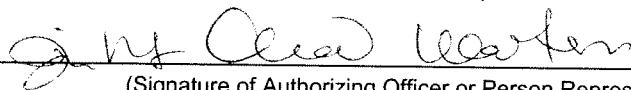
(State)

Hawaii

(Zip Code)

96817-2704

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/11/07

(Date)